



MAKING LIFE BETTER

WELCOME



CMO Foreword

Welcome to this edition of the MLB Newsletter.

I want to reflect on the publication of the new 'Healthy Futures' Obesity Strategic Framework in November 2025 <https://www.health-ni.gov.uk/publications/healthy-futures-obesity-strategic-framework-northern-ireland>.

In Northern Ireland, 64% of adults are classified as living with overweight or obesity, and rates are also higher in the most disadvantaged communities (68%) compared to the least disadvantaged (62%). Those living with overweight or obesity are at a higher risk of a range of major health conditions including heart disease and stroke; type II diabetes and some cancers, including postmenopausal breast cancer. Obesity can also contribute to mental health issues such as depression, orthopaedic problems, and complications in pregnancy.

Healthy Futures recognises the causes of this issue are wide and complex, and the new strategic framework therefore sets out actions to prevent and address overweight and obesity, from education and prevention through to weight management and treatment services. This fully supports Minister's announcement earlier this year on the development of a Regional Obesity Management Service for Northern Ireland. The strategic framework aims to address obesity in Northern Ireland through actions delivered collaboratively across sectors, ongoing evaluation, and adaptation to ensure effective implementation of evidence-based actions. Governance structures are now being put in place to deliver on this work through a whole system approach. If you have any questions about Healthy Futures please contact hdpb@health-ni.gov.uk

I am pleased to introduce you to my All Departments Officials Group (ADOG) colleague Heather Stevens, Director of Mental Health, DoH.

Also in this edition you will find articles which showcase some of the excellent work that is being taken forward within this Department and beyond.

I hope you enjoy this Newsletter and please contact MLBNetwork@hscni.net if you want to submit an article for inclusion in a future edition.

NEWS

ISSUE 12 - WINTER 25/ SPRING 26

[Click here for previous issues](#)

Get In Touch

If you have any questions about the content of MLB News, have work you want to share with the Network or wish to join please email:

mlbnetwork@hscni.net

(Picture left) Prof Sir Michael McBride,
Chief Medical Officer (CMO),
Department of Health

All Departments Officials Group (ADOG) - Introductions

My role as Director of Mental Health involves providing advice to Minister and senior officials in the Department on all issues relating to mental health policy – this includes delivery of the Mental Health Strategy 2021 – 2031; policy relating to the Mental Health (NI) Order 1986; implementation of the Mental Capacity Act 2016; Regional Trauma Network; criminal justice healthcare as well as the health interfaces in relation to homelessness and gambling. It is a hugely interesting and diverse set of responsibilities which involves close working with a number of other departments, including DE, DoJ, TEO and DfC.

I am particularly excited to join ADOG as good mental health is a key component of Making Life Better and requires a cross-departmental approach. I want to see how, together, we can take forward a ‘mental health in all policies’ approach to improve the mental health of our population, which in turn will support the overall delivery of our collective Programme for Government objectives.



(Picture above)
Heather Stevens
Director of Mental Health
Department of Health

ADOG workshop update

The All Departments Officials Group (ADOG) met on 3 December 2025. During this meeting discussions took place around Making Life Better and Live Better.

Presentations about the new Thematic Action Plan, Mental Health Strategy and Strengthening Communities for Health were delivered by Gary Maxwell, DoH, Heather Stevens, DoH, and Andrew Steenson, PHA, respectively.

The meeting was highly productive, providing members with an opportunity to share insights, strengthen interdepartmental connections, and enhance their understanding of key issues.

The presentations delivered during the meeting gave an up to date overview of ongoing actions and strategic priorities. ADOG will meet again in May 2026.

Regional Health Literacy Forum

Health literacy is an area that the co-chairs of the Regional Health Literacy Forum (RHLF) are both passionate about.

Helen McNamee, Research and Policy Manager at Community Development and Health Network (CDHN), has over 20 years' experience in the community and voluntary sector, where she has led participatory research projects and developed health literacy training rooted in evidence and lived experience.

Katie Blair, Senior Planning Manager at Public Health Agency, is a pharmacist by background, now working in the public health arena. She has worked with and supported health literacy whether it be general health literacy, medication safety or mental health literacy for over 10 years through multiple areas of work such as integrating it into projects, healthcare services and research.



(Pictures above) Katie Blair (Left), Helen McNamee (Right)

Recently the RHLF has undergone extensive work via task and finish groups to look at the Forum's terms of reference, aim, objectives, definition of health literacy for use by the RHLF and the action plan. This has been a necessary and valuable piece of work as the RHLF membership now consists of over 30 members from a wide variety of backgrounds and organisations.

The RHLF aim is to work towards promoting and embedding health literacy throughout Health and Social Care, across health development approaches, policies or initiatives and within communities.

Work is in progress to hold a planning day in March 2026 for the RHLF members to look at developing a revised strategic action plan, with the hope of supporting regional operational structures that will deliver local projects. This work is timely as the Making Life Better refreshed plan is due to be released, and health literacy will hold a stronger role that will require a more formal approach to ensure that Making Life Better priorities are addressed and delivered upon.

By enhancing health literacy, we can create a more informed and empowered population that actively participates in their health and well-being. Achieving good health literacy for all, and ultimately health equity, can only happen if we work together: people and communities, health and social care services, policy and decision makers, Government, and education all have an integral role to play.

Strengthening Communities for Health

The Role of Community Engagement in Addressing Health Inequalities



(Picture above) Attendees of the launch of the Elevate Grants and Mentoring Programme 2025/26

Health inequalities continue to present a significant challenge across Northern Ireland, leading to differences in life expectancy, health and wellbeing, and access to opportunities. Current data shows that men living in the most deprived areas experience 7.3 fewer years of life expectancy, while women experience 5.2 fewer years, compared with those in the least deprived communities (health-ni.gov.uk).

Evidence shows that community-engaged interventions support positive change in addressing health inequalities and the wider determinants of health. Tackling health inequalities effectively requires a coordinated approach through meaningful partnerships and engagement which magnifies the community voice. Community engagement is at the heart of the Elevate programme. For more information on this work, please visit: <https://elevateni.org/>

Whether through co-design, outreach, forums or feedback mechanisms, strengthening how we listen to and involve communities enables us to better understand the experience of how people live, grow and age across Northern Ireland. Placing lived experience at the heart of service development and delivery ensures that programmes can respond to real need and contribute to wider collective efforts to reduce health inequalities.

For further details about the Strengthening Communities for Health programme of work, please contact Amanda Cotter on Amanda.cotter@hscni.net

Allied Health Professionals “Take 5”

The Foundations of Wellbeing

The **Take 5 Steps to Wellbeing** is an evidence-based framework disseminated throughout Health and Social Care (HSC) pathways and the voluntary sector partners. More than just a mental health initiative, Take 5 promotes a community-wide message of self-care that is inextricably linked to physical health.

AHP Workforce Insights

A regional Allied Health Professionals (AHP) Population Health subgroup recently investigated workforce awareness of these steps to identify barriers and recognise good practice. Key findings from our regional survey (conducted December 2023) included:

- **Awareness:** While 68% of AHPs had existing knowledge of Take 5, 32% were not yet aware of the message.
- **Engagement:** The survey saw 831 responses (a 14% response rate across the 5 HSC Trusts).
- **Impact:** AHPs shared valuable qualitative examples of how they use Take 5 both personally and professionally to build resilience.

Why Professional Awareness Matters

Evidence from the Mental Capital and Wellbeing Foresight programme* emphasises that frontline professionals must be aware of "Take 5" messages for their own benefit. By practicing these steps, they are better equipped to promote positive mental health with patient populations. Research shows that even small improvements in wellbeing can lead to significant reductions in mental ill health.

AHP “Take 5”

The Foundations of Wellbeing (cont.)

Looking Forward: A Regional Resource

Following collaboration with AHP Leaders, Public Health Agency (PHA) AHP Consultants and Trust Health Improvement leads, the Project Team developed a regional resource to amplify this message.

- **Access the AHP Take 5 Toolkit:** AHPs can now access survey results and a collection of tailored resources via a new **Regional AHP Page Tiger**.
[Take52025 - Take 5](#)



(Picture above) snapshot of Take 5 resource contents page

By adopting this system-wide approach, the aim was to raise regional awareness of Take 5 in AHP services to support staff and service users across the lifespan to live healthier, more resilient lives. Results of this work was shared at the AHP Research & Innovation Conference “Embracing Population Health” 11.09.24 Belfast.

AHP Population Health Project Team: SHSCT Denise Hall, Physiotherapist (Chair), WHSCT Teresa Sweidan, Physiotherapist, Jacqueline Stinson, Podiatrist, Ellen McGonigle, Occupational Therapist, BHSCT Norma Higgins, Therapeutic Radiographer.

For further information: Denise.Hall@southerntrust.hscni.net 07833047005

*Government Office for Science Foresight Mental Capital and Wellbeing: Making the most of ourselves in the 21st century (2008) London.

Did you know?

The Making Life Better section on the NISRA Data Portal (data.nisra.gov.uk) now contains over 400 tables. It has recently been expanded to include tables from the Programme for Government (PfG) Wellbeing Framework, featuring data across a range of equality groups. This is the eighth article in a series showcasing the data and tools available on the NISRA Data Portal.

Type of long-term condition: deafness or partial hearing loss by age and sex

Within MLB Theme 3 - Empowering Health Living, you'll find Census 2021 tables detailing long-term health conditions by age and sex. Separate tables are available for a variety of conditions, including autism or Asperger syndrome, deafness, blindness, and Intellectual or learning disability. Data can be explored across multiple geographies, including Local Government Districts (LGD), District Electoral Areas (DEA), and Health & Social Care Trusts (HSCT).

In 2021, over 109,400 people in Northern Ireland were recorded as having deafness or partial hearing loss. Prevalence increased with age and was highest among those aged 75 and over.

Downloadable Resources

All tables, charts, and maps on the Data Portal can be downloaded and incorporated into your own reports and analysis.

Support and Training

More information is available in the User Guide and instructional videos on the FAQs and Training Materials page of the NISRA Data Portal.

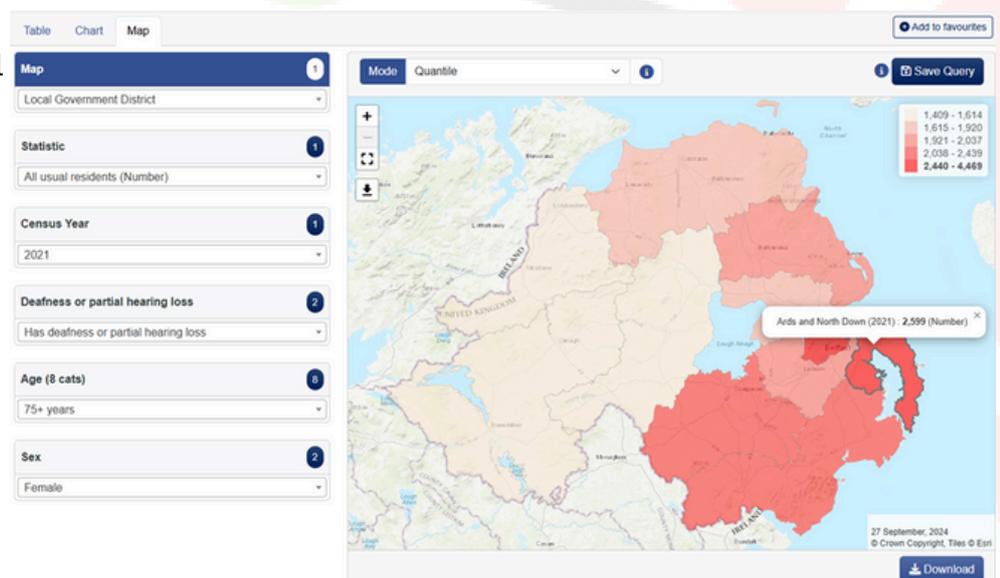
Online training sessions delivered by NISRA staff are also available. To register your interest, please contact mlbnetwork@hscni.net

For additional support or queries about the NISRA Data Portal, get in touch at info@nisra.gov.uk.

NICS staff requiring statistical input and advice should continue to contact their departmental statistics colleagues in the first instance.

Deafness or partial hearing loss	Age (8 cats)	Female	Male
Has deafness or partial hearing loss	0-15 years	924	1,111
Has deafness or partial hearing loss	16-24 years	778	844
Has deafness or partial hearing loss	25-34 years	1,294	1,454
Has deafness or partial hearing loss	35-44 years	2,093	2,584
Has deafness or partial hearing loss	45-54 years	3,941	5,449
Has deafness or partial hearing loss	55-64 years	6,953	11,339
Has deafness or partial hearing loss	65-74 years	9,904	15,386
Has deafness or partial hearing loss	75+ years	23,958	21,446

(picture above) example of a table



(picture above) The map below is an example of one of the pre-populated visualisations available within the dataset, showing this information by local government district.

News from the Network

“Never Too Late”

A small team of Northern Ireland First Contact Physiotherapy (FCP) Practitioners have developed a co-produced animation “Never Too Late” to address significant health literacy gaps in physical activity within Primary Care Multi-Disciplinary Teams (MDT).

Project Drivers and Context

- **Knowledge Gap:** While 2023 data indicated 70-90% of the population knew physical activity was beneficial, only 28% of people in Northern Ireland were active five or more days a week, and 17% were completely inactive.
- **Health Literacy:** A primary barrier identified was that many patients did not know the specific recommended levels of activity or how to achieve them, particularly among those with lower health literacy.
- **Primary Care Role:** FCP consultations were identified as a critical touchpoint to provide this information, shifting care from reactive treatment to prevention.

Animation Service Development

The project utilized a Plan-Do-Study-Act (PDSA) quality improvement cycle to co-produce a regional resource with service users.

- **Co-Produced Content:** The Never Too Late Animation was designed to be relatable and motivational, featuring:
- **Local Accents:** To ensure regional resonance and trust.
- **Representation:** Inclusion of diverse ages, abilities, and common low-activity scenarios (e.g., office workers, home-based workers).
- **Practicality:** Focus on activities that can be performed at home or in the community.
- **Simplified Messaging:** The animation emphasizes that weekly activity is more manageable when viewed as 30 minutes on 5 days.

Regional Impact

- **MDT Integration:** The project aligns with the Health and Wellbeing 2026: Delivering Together strategy, which aims to embed First Contact Physiotherapists, Social Workers, and Mental Health Practitioners into Primary Care to improve population health and to embed preventative approaches.
- **Digital Innovation:** This was the first regional FCP service to test animation as a primary tool for patient education and self-care in Northern Ireland.
- **Continued Need:** Evidence from the All-Ireland report “Mind the Gap” highlights the importance of promoting the benefits of physical activity and the consequences of inactivity and to target these messages at groups with lower health literacy” (Sheehan & O’Sullivan 2023)

The animation is part of a continued focus for First Contact Physiotherapy services to support health literacy, encourage lifestyle changes, signpost Patients to opportunities that supports the benefits of physical activity across the lifespan.

[Physical Activity First Contact Physiotherapy Video - YouTube](#)

For further information: Denise.Hall@southerntrust.hscni.net 07833047005



(Picture above) Denise Hall and Elizabeth Connolly Consultant Physiotherapists, Ailis Doyle, Paddy McRandle, Martin O’Doherty, First Contact Physiotherapy Practitioners Southern and Western Health and Social Care Trusts.